The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XVI SEPTEMBER, 1960 NO. 7

MRS. HARRY A. BAKER
President, The Woman's Auxiliary
to the H. D. M. S.

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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Published monthly except July and August

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THE HAMPDEN HIPPOCRAT, SEPTEMBER, 1960

NO TIME FOR COMPLACENCY

At the risk of sounding trite it should be repeated again and again that this is the most critical time in the history of medicine. This re-emphasis is necessary because of the complacent in our midst who behave as if there were no cause for alarm and no need for action. Our profession, they argue, has weathered successfully other crucial epochs, why not this one? As examples they cite the rampant quackery of the late 19th century, and the diploma-mill scourge of the early decades of our own century.

But this is no time for complacency. It is safe to state that at no time in the history of medicine were the problems so numerous, so critical and so urgent as they are today. Our chief threat comes, of course, from the politicians, who seem determined to take over everything medical. These are formidable adversaries, who will apparently stop at nothing, even if it means undermining the health of the public. The platforms of both major political parties bear grim witness of what lies ahead of us. Moreover, we must realize that these are strange times when strange things happen fast, much faster than ever before. Constant vigilance and prompt action are therefore essential if we are to protect the health of the public and retain our own independence and dignity. Some are of the opinion that we may have already missed the boat. The least we can do is to re-dedicate ourselves to the time-honored principles of

NEXT DISTRICT MEETING, OCTOBER 4. (See page 15)

our profession, to keep ourselves well informed, to participate in Society affairs, and to support wholeheartedly our leadership on district, state and national levels. In so doing, promptly and effectively, we may still prevent the surrender of our nation's health to political interests. We must realize that if and when these interests succeed in foisting on us socialized medicine history will be compelled to place at least part of the blame on our own shoulders.

H. D. A. M. A. ORGANIZES

On June 8, 1960, the Hampden District Association of Medical Assistants was formally organized as a component of the Mass. Association of Medical Assistants. This non-profit, educational organization is the only one of its kind to have the approval of the M.M.S. and the A.M.A. It consists of women working for physicians as nurses, technologists and medical secretaries. "Physicians", according to a recent editorial in the N.E.J.M. "are urged to encourage the membership of their assistants and their attendance at its annual meeting on September 17 and 18 at the Somerset Hotel, Boston". Similar sentiments were expressed by our own Excutive Committees at its meeting of June 21st.

Information concerning membership in the H.D.A.M.A. may be obtained from either Miss Emily Cichonski, President, 680 Westfield St., West Springfield, or Miss Florence Sammon, Secretary, 23 Maple St., Springfield.

M. M.

FROM THE EDITOR'S DESK

Our New Associate Editors

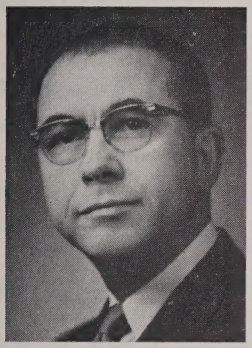
The Hippocrat's opportunities to serve the Society have increased tremendously in recent years. In addition to appearing since 1957 on a monthly basis, our Bulletin carries today more items and publishes more pages than ever before. To meet this growing task the Society at its last meeting adopted an amendment increasing the number of Associate Editors from 6 to 8. At its June meeting the Executive Committee followed this up by designating Drs. Olive Cooper and Frank Hurley as the two additional Associate Editors.

The Hippocrat welcomes these additions with open arms. Both are dedicated to Society principles and both have demonstrated their ability, industry and articulateness. It is with great pleasure that we inscribe their names on the masthead of the Hampden Hippocrat.

Second Annual Essay Contest

The Hippocrat's Second Annual Essay Contest offered on page 12 carries the same purposes as the one of a year ago. First, to stimulate interest in medical problems, and secondly, to familiarize the rest of us with the views, opinions and sentiments of our membership. It differs from last year's contest in that this time it is open not only to the younger element but to every member of the Society. The intent, as last year's, is to publish not only the winning essays but as many others as prove acceptable. While it is true that not all contestants can win, each can contribute his share towards a better understanding of the many problems confronting medicine in general, and our own Society in particular.

President's Page



Getting back to business

Greetings! Now that we have had our July and August recess, it is important that we ALL get back to business. There are many vital issues confronting us on local, state and national levels. Dr. Askey, President of the AMA, has sifted them down to five key areas, viz: 1. Education; 2. National Conference on Aging (in Jan. '61); 3. Health Insuranace and Third Parties; 4. Membership, and 5. Mental Health.

Taking them in reverse order, the last issue brings to the fore the importance of the role of the fading "GP". Somewhere in our changing structure, we must take up the slack (brought about by specialization) and emphasize the evaluation of the person as a whole. Dr. Askey states: "As doctors, we all have a greater responsibility, not to people as patients, but to people as people". The matter of "Membership" bespeaks itself. We *must* unite. The greater the number, the stronger the defense. Areas two and three are linked together. Here, action on the *local* level is extremely important. Only unity of action will stave off complete Federal Coverage of Health Matters. Local, State and National assistance is necessary, but it should be accepted only where it is needed. The question of "Medical Education" supports all the rest. To maintain high standards in Medical Education, to stimulate the proper, individual to study medicine, to encourage post-graduate study and research in these we must never falter.

I urge all to read the message entitled "A Doctor's Wife and the Medical Auxiliary" in this issue. The Woman's Auxiliary, under the enthusiastic leadership of Mrs. Harry Baker, is supporting us on all fronts. The auxiliary is not only *aware* of our problems but it is *doing* something about them. Its organizational committees show a wide range of activity. Committee headings run from Community Service, Civil Defense, Safety and Hospitality, to American Medical Educational Fund, Health Education, Health Career Recruitment and Scholarships,—just to mention a few. Of the eighteen active Medical Auxiliaries in the State, Hampden District is the largest, and one might safely interject, the most active. Special kudos go to the Holyoke contingent for providing the incumbent District President, as well as the immediate past President of the State Auxiliary.

Alfonso A. Palermo, M. D.

EXECUTIVE COMMITTEE

The Executive Committee of the Hampden District Medical Society met on June 21 at the Municipal Hospital. The following were considered:

1. Dates and locations of Executive Committee and District meetings. The next District meeting is tentatively scheduled for October 4 at Storrowton.

2. The Board of Editors for the Hampden Hippocrat was re-elected, and the names of Drs. Olive Cooper and Frank Hurley were added as Associate Editors.

3. Alternates were appointed: To the legislative committee, Dr. H. Bernard Tillman; to the Public Relations Committee, Dr. O. J. Menard.

4. Amendment to District by-laws was recommended by adding to chapter 5, section 2, (e)- and a member to the Committee on Tax Supported Medical Care.

5. Appointments were considered from each hospital in the District to the Subcommittee for Study of the Relative Value System; list of appointees to be published in the Hippocrat. The sum of $75.00 was budgeted to the Committee on Labor Relations and Insurance for the above study.

6. An amendment to by-laws to change the designation of vice-president to president-elect was approved.

7. An article on page 1243 of the June 16, 1960 issue of the N. E. J. M. relative to the Massachusetts Association of Medical Assistants was discussed and voted favorably. All physicians are urged to have their assistants join the M. A. M. A.

8. A letter was read from a local private company asking that physicians in the district use private ambulances where practical and feasible.

9. The committee went on record favoring a medical fair with various types of medical exhibits, at the suggestion of Dr. Kennedy, to be held in the spring of 1961 in cooperation with the Springfield Academy of Medicine and the four hospitals in Springfield.

The Executive Committee adjourned and reconvened as the Grievance Committee. It discussed one case and found for the two doctors involved.

Ray T. Smith, M. D.
Secretary

HAMPDENITES ELECTED

The following members of our District Society were elected by the Massachusetts Medical Society to serve on Committees or Boards during the coming year:

Arthur F. G. Edgelow
Committee on Maternal and Perinatal Welfare

Donald R. Hayes
Ad Hoc Study Committee and Alternate Delegate to A.M.A.

William Kaufmann
Supervisory Committee on Blood Banks

Nelson Newmark
Committee on Maternal and Perinatal Welfare

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Thomas F. Reilly
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COMING EVENTS

HAMPDEN DISTRICT MEDICAL SOCIETY, OCTOBER 4, STORROWTON

COUNCIL MEETING, MASSACHUSETTS MEDICAL SOCIETY, BOSTON, OCTOBER 5, 1960

SPRINGFIELD ACADEMY OF MEDICINE, OCTOBER 11, Municipal Hospital

AMERICAN COLLEGE OF SURGEONS, OCTOBER 10 - 14, San Francisco

AMERICAN HEART ASSOCIATION, OCTOBER 21 - 23, ST. LOUIS, MISSOURI

WHITE CAP BALL, AUXILIARY, NOVEMBER 5, SHINE INN, CHICOPEE

INTERSTATE POSTGRADUATE MEDICAL ASSOCIATION OF NORTH AMERICA, OCTOBER 31 to NOVEMBER 3, PITTSBURG, PENNSYLVANIA

POST-GRADUATE COURSE, FRIDAYS 7:30 - 9:30 P. M., SEPTEMBER 16 - OCTOBER 14, SOLDIERS' HOME, HOLYOKE

THE DOCTOR AS A CITIZEN

Here are the seven "basics" of citizenship which are recommended for every physician who takes his civic responsibilities seriously:

—The doctor's primary duty as a citizen is to be the guide and source of authority in all health matters relating to his community. This is an all-year-round civic responsibility, which his training and experience have qualified him to handle better than any other person in the community.

—The doctor should openly identify with the party of his choice, and vote regularly at all elections.

—The doctor should make an investment in democracy by contributing liberally financially to the party of his choice.

—The doctor should encourage patients and others with whom he comes in contact to register and vote in all elections.

—The doctor should keep informed on candidates and issues and let others know where he stands politically.

—The doctor can help candidates of his choice by such means as displaying campaign literature in his waiting room.

—The doctor should devote as much time as his professional duties permit to working for good government and for the political party of his choice.

From the P. R. Doctor,
A. M. A.

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MEDICAL CLUBS IN HAMPDEN
III. THE WESTERN MASSACHUSETTS SOCIETY OF ANESTHEOLOGISTS
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Twelve years ago the only hospitals from Worcester, west to the Pioneer Valley, having trained anesthesiologists, were Mercy, Springfield, and Wesson Hospitals in Springfield; St. Vincent's Hospital in Worcester; and Holyoke Hospital in Holyoke. In the intervening time, of the approximately thirty-four hospitals in the area, twenty-seven now have one or more anesthesiologists with Board certified specialists in all of the major hospitals.

In 1950 it was thought by some of us that there were many doctors who were doing part time anesthesia who might like an opportunity to join our informal group to talk over problems. On May 3rd of that year a letter was sent out suggesting such a meeting. The meeting place—Holyoke Hospital; time May 29th, 1950. A steak dinner for $1.35 was to precede the meeting. It was suggested "that each one attending come prepared to present an interesting case, observation or problem from his personal experience."

This general plan has been followed over the past 9 years. Dues of $1.00 as needed have been collected about four times in that period. This, we think, is probably an all-time low in medical dues.

The original committee selected to steer the infant organization was made up of Carroll Bryant, M.D., Springfield; William Martin, M.D., Worcester; and M. Gene Black, M.D., Holyoke. There were fifteen members present at the first meeting.

Since 1950, meetings have been held on the second Friday of every month with the exception of the months of July and August. The original purpose of the presentation of any medical situation that has occurred to puzzle, worry, or delight each individual member has been adhered to. It has proved to be both interesting and instructive.

The Massachusetts Anesthesiologists, as we are officially titled, has enjoyed the hospitality of practically every hospital in the western half of Massachusetts. In May, 1959, we were guests of the Westover Air Force medical group and forty anesthesiologists were present. However, this was only half of our roster, as some must work while the rest attend meeting. In addition to the eighty physicians actively engaged in the part or full-time practice of anesthesiology we also include the anesthesia residents in training in the area hospitals. We believe this is good training for all of us. Problems shared are always easier to handle—drugs, anesthesia equipment, methods, patient problems are all discussed freely. We also discuss proceedings of the state and national meetings.

We believe that while large, formal organizations have their place, a group such as ours can contribute a great deal to our professional knowledge and skill, and, equally important, can promote a pleasant social opportunity to know our professional colleagues a great deal better.

Incidentally, this is our Tenth Anniversary.

M. Gene Black, M.D.

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RELATIVE VALUE STUDY SUB-COMMITTEE

President Palermo appointed the following members to represent the various hospitals in this area to the Relative Value Study Sub-Committee.

Providence Hospital	John Yelle, M. D., Holyoke
	Harry Baker, M. D., Holyoke
Holyoke Hospital	Lawrence Putnam, M. D., Holyoke
	Samuel Potsubay, M. D., Holyoke
Springfield Hospital	Wayne C. Barnes, M. D., Springfield
	James Hartshorn, M. D., Springfield
Mercy Hospital	William Devlin, M. D., East Longmeadow
	Joseph McCarthy, M. D., West Springfield
Wesson Memorial Hospital	Donald Wetherbee, M. D., Springfield
	Frederick Post, M. D., Springfield
Noble Hospital	Frank Mills, M. D., Westfield
	Elizabeth Clark, M. D., Westfield
Academy of General Practice	Harry Roberts, M. D., Springfield
	and volunteer assistants
Wing Memorial Hospital	Frank K. Duffy, M. D., Palmer
Ware	

Palmer and Ware do not have representatives at the present time except for Doctor Duffy. The present committee would welcome volunteers from these areas.

The above men are appointed as representatives to gather the opinions of all doctors in the District. They will welcome written suggestions from any member of the Society.

Warren D. Platt, Jr., M. D.
Chairman, Committee on Insurance,
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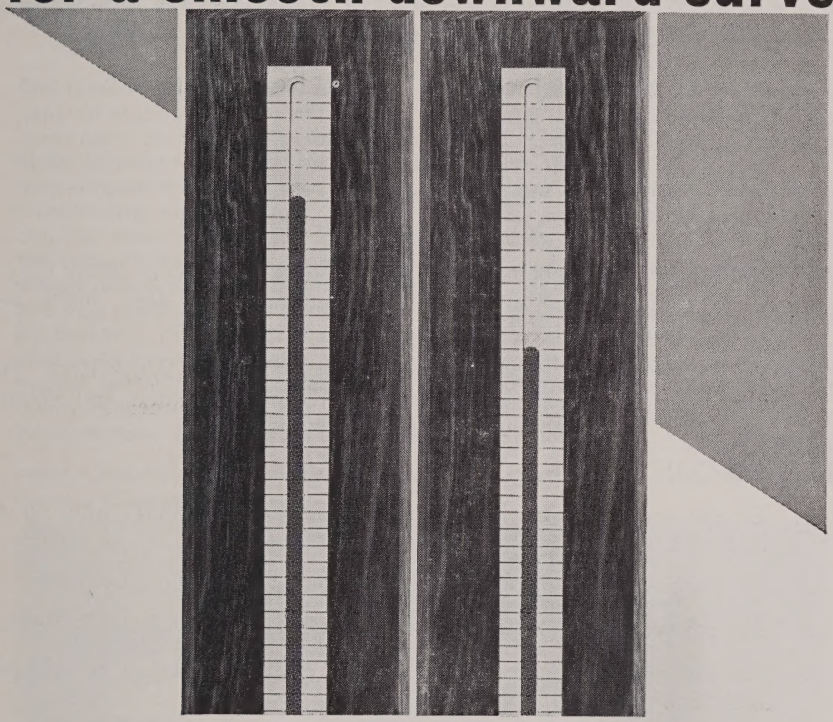

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RULES OF CONTEST:

1. Essays are to be no less than one thousand (1,000) and no more than two thousand (2,000) words.
2. At least two typed copies, double spaced, are to be submitted.
3. All entries to be postmarked no later than *December* 31, 1960.
4. All entries shall become the property of the Hampden Hippocrat with full rights of publication.
5. Members of the Board of Editors of the HAMPDEN HIPPOCRAT and Officers of the HAMPDEN DISTRICT MEDICAL SOCIETY are not eligible.
6. The HAMPDEN HIPPOCRAT reserves the right to withhold awards.

SUGGESTED TOPICS FOR ESSAY

Medical Ethics
Blue Shield
Publicity Code
Socialized Medicine
Hospital Relations
Forand-type of Legislation
Indoctrination of new members.
Relations with labor, insurance and compensation.
Philosophy of medicine.
Free choice of physician.
Health Care of Aged
Relations with Press, etc., etc.

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CIBA
SUMMIT, N. J.

Coan, J. P., McAlpine, J. C., and Boone, J. A.: J. South Carolina M. A. 51:417 (Dec.) 1955. /2830MB

Complete information available on request.

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A.M.A. News

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NEXT HAMPDEN DISTRICT MEETING

TIME: Tuesday, October 4
Social Hour 6 p. m. *
Dinner (at expense of Society) 7 p. m.

PLACE: Storrowton
1305 Memorial Avenue,
West Springfield

AGENDA: Amendments to By-Laws
Committee Reports
and other
Important organizational
& socio-economic matters

YOUR PRESENCE IS URGENTLY REQUESTED

Ray T. Smith,
Secretary

*PLEASE NOTE CHANGE IN TIME

THE DOCTOR'S WIFE AND THE MEDICAL AUXILIARY

by
Mrs. Harry A. Baker, President
The Woman's Auxiliary
to the
Hampden District Medical Society

"Preserve and enhance the heritage of American Medicine" is the 1960-1961 national theme of the Woman's Auxiliary to the American Medical Association. A membership in the Woman's Auxiliary to the Hampden District Medical Society is a privilege for it offers a doctor's wife just that kind of an opportunity—to walk by the side of her husband and, with him, "preserve and enhance the heritage of American Medicine".

Today we are living through an era which may well be one of the most crucial years in the history of American Medicine. We are faced with the stark possibility of a full scale program of socialized medicine. Neither the Forand Bill nor the Eisenhower administration's medical plan is tailored to meet the problem of medical care for the Aged. The A.M.A.'s proposal offers a sensible and constructive program of promoting security and health care for the Aged and at the same time preserving private practice.

It is necessary and important that a doctor's wife be well informed. Congressman Silvia O. Conte has accepted our invitation, and assured us, that he will be our guest speaker at our first meeting of the season, on Oct. 11th. We suggested he talk on "What Congress is doing about medical care for the Aged". We are going to listen to him—and hope he will listen to us!

The Auxiliary realizes the importance of more nurses and more paramedical careers to cope with the increasing demands on medical practice. Our recruitment chairman for Health Careers is making plans for an all out effort to get qualified students interested in Health Careers. Our White Cap Ball provides the needed financial aid to students who are in quest for Health Career education. Last year thirty-five applications were received, and every one was deserving of financial aid. We were very happy that we were in a position to give fifteen scholarships, amounting to $2100. The White Cap Ball this Nov. 5th, will be held at the New Shine Inn in Chicopee, Exit 6 at the Massachusetts Turnpike. This dinner-dance will be held in their Grand Ballroom which has a capacity of 750 and with ample parking right at the door! The investment for such a gala evening is small compared to the big dividends it will bring! The White Cap Ball is our only money raising project for Health Career Scholarships! Invite a friend to

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come along with you. We are looking forward to seeing you all.

Because it is Leap Year—the members of the Auxiliary are cordially inviting their husbands to a Holiday Tea on a Sunday afternoon on Dec. 4th, at the Shaker Farms Country Club in Westfield. Of course there will be Wassil Bowl, Streisel cake, petite fruit cakes and Holiday Tid-Bits. You, dear husbands, will be our guests! By the way, won't you please let us know the men with voices who will join us in singing "I'm hoping for a White Christmas"—or "All I want for Xmas is my two front teeth".

The program for the remaining year is all set too, and will serve the aims and the objectives of the Auxiliary. We will continue our endeavor to help the A.M.E.F., as usual. Last year we contributed $715.00 to the A.M.E.F. and won an award of merit.

A special effort is being made to increase our membership by enrolling every doctor's wife as a member of the Auxiliary. From the latest report of the Bay Stater Hampden District has the largest membership—360 strong! There are approximately 80 doctors' wives still remaining who are potential new members. A new committee was formed, called the "Friendship Committee" to help us get to know each other better. At the same time, we hope the Friendship Committee will unearth the unexploited potentials of our doctors' wives. We heard from one member who told us she has made a discovery—a foolproof way to hold bills down! She switched to a heavier paper weight!

We even have a sense of humor!

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MEDICAL CARE FOR THE AGED

Ever since Rep. Aime J. Forand of R. I. introduced his plan for medical care for the aged, everyone in this election year has seemed eager to get on the band wagon to "do something for the old folks." The Forand Bill would provide benefits to about 12 million of the 16 million Americans over 65, financed by increased Social Security taxes. Only those on the Social Security rolls would be eligible, thus leaving out a large number of persons needing help most. This is the plan so vigorously promoted by organized labor.

Senator John F. Kennedy, the Democratic nominee for President, introduced his own Forand-type plan early in this session of Congress. His plan is similar to the Forand Bill and calls for higher Social Security Taxes to finance hospitalization, diagnostic outpatient services, and home nursing services to Social Security beneficiaries, but excludes surgical services.

The Democratic National Convention adopted a platform advocating hospitalization and medical services for the aged under the Social Security System, and also proposed appropriations from the General Treasury for health benefits for persons not covered by Social Security. While the platform did not endorse any specific plan, it did oppose any type of means test. The A. M. A. urged the platform committee to go on record as opposing increased Social Security taxes to finance health care for the aged, but this recommendation was totally disregarded.

Meanwhile, labor union officials have issued a blunt warning that labor will not support any candidate opposing a Social Security Health Plan.

The Eisenhower Administration is backing a rival plan benefiting an estimated 10 million persons over 65. This plan calls for Federal-State outlays totaling 1.2 billion dollars annually, and requires that those who are not on relief rolls pay the first $250.00 of medical expenses and also pay an annual enrollment fee of $24.00.

The House Ways and Means Committee rebuffed both organized labor and the Administration by drafting its own plan providing for medical care to only 1,500,000 needy persons over 65. The plan calls for Federal-State hospitalization and other medical care for persons short of funds, but not destitute enough to qualify for public assistance. The cost to the Government is estimated at one hundred ninety million dollars annually, with the States putting up an additional hundred fifty million dollars. These Federal grants would be in addition to 2 billion dollars the Government already puts into a Federal-State Public Assistance Program. The Committee specifically rejected both the Administration's and organized labor's plans in presenting their own sharply curtailed plan.

The platform of the Republican Party on this issue is somewhat vague, and called only for a program, "on a

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sound fiscal basis", with no mention of fitting the plan into the Social Security System. However, the Republican Presidential nominee, Richard M. Nixon, is known to be opposed to any plan of compulsory medical care, based on increased Social Security taxes.

Of great interest to the medical profession is the Mills Bill, HR12580, which has already been passed by the House, and is due for early consideration by the Senate. This bill is sponsored by Rep. Wilbur D. Mills of Arkansas, and contains a number of important provisions, but it is Title VI, which provides an answer to the Forand Bill. Medical care is provided for citizens over 65 who are found to be medically indigent by the State. It is to be financed by a Federal-State grant-in-aid program. Medical services will include hospital care up to 120 days annually, nursing home services, physician's services, out-patient hospital services, laboratory and x-ray services, and drugs. The cost to the Federal Governmnent will be between 50 and 65 per cent of the total cost of the program, the balance to be paid by the State.

What is the position of the A. M. A. on these rival plans? This was made clear by Dr. Leonard W. Larson, A. M. A. President-Elect, in a statement before the Senate Finance Committee, at which time he threw the official backing of the A. M. A. to the Mills Bill, and declared, "It merits the support of everyone familiar with the problem". The bill limits its coverage to the near needy minority of elder citizens, and, "allows the majority to continue its use of the voluntary method, private health insurance, and prepayment plans", said Dr. Larson. "This measure is in no sense compulsory."

The bill is opposed by organized labor and others who favor compulsory health plans under the Social Security System.

Subsequently the Senate has rejected both the Kennedy sponsored, labor backed bill, financed by higher Social Security taxes, and also the Nixon backed health insurance protection plan for the elderly, financed by a program of Federal-State grants. Instead, the Senate passed the more moderate program advocated by the Senate Finance Committee to increase Federal public assistance grants to states which contribute to the costs. The only change made was the inclusion of tuberculosis and mental disease costs, which would add about 120 million dollars to the previous estimate of 290 million dollars for this program.

At the Senate-House Conference Committee tuberculosis and mental disease were deleted from the bill, and in this form, substantially, the legislation was enacted by Congress. All it requires now is the President's signature.

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Program

Sessions 1-5 Holyoke Soldiers' Home

1. **September 16, 1960**
   USE AND ABUSE OF ANTICOAGULANTS
   (Including Long Term Managements)
   Phin Cohen, M. D.
   Stanford Wessler, M. D.
2. **September 23, 1960**
   DRUG THERAPY OF HYPERTENSION
   Guillermo Sanchez, M. D.
   Aram V. Chobanian, M. D.
3. **September 30, 1960**
   HARD COLD FACTS ABOUT FATS
   (Nutrition and Lipid Metabolism)
   Oscar Portman, M. D.
   Jean Mayer, M. D.
4. **October 7, 1960**
   PSYCHO-PHARMACOLOGY
   Dale Friend, M. D.
   Roy Menninger, M. D.
5. **October 14, 1960**
   EXPERIENCES OF THE MASSACHUSETTS COMMITTEE ON MATERNAL WELFARE
   John Jewett, M. D.
   George P. Sturgis, M. D.
6. **October 21, 1960**
   IMMUNE MECHANISMS AND COLLAGEN DISEASES
   James Tullis, M. D.
   Robert Schwartz, M. D.
7. **October 28, 1960**
   EMPHYSEMA; ALLERGIC AND NON-ALLERGIC PULMONARY DISEASES
   Francis Lowell, M. D.
   Kenneth Bird, M. D.
8. **November 4, 1960**
   DIAGNOSIS OF BRAIN LESIONS
   John F. Sullivan, M. D.
   Bertram Selverstone, M. D.

Friday, November 11, 1960 Holiday

9. **November 18, 1960**
   MANAGEMENT OF JAUNDICE
   Perry Culver, M. D.
   William Tisdale, M. D.
10. **November 25, 1960**
    DIAGNOSIS AND TREATMENT OF ACUTE POISONINGS
    Robert Haggerty, M. D.
    Roger Meyer, M. D.

Your Area Chairmen, Dr. H. Paul Wakefield and Dr. James H. Averill and their committee, have assisted in the planning of this course in cooperation with the Postgraduate Medical Institute's Curriculum Committee, Dr. Laurence B. Ellis, Chairman.

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Dr. Louis M. Orr, retiring president of the American Medical Association.

A.M.A. News 6/27.

DISEASE FOUNDATIONS: The multiplicity of drives for money leads to great waste in collection and to confusion in the minds of the public. The fallacy of having separate foundations for each neurologic disease is evident; it was pointed up forcibly by the recent finding that the fundamental lesion in two diseases as widely different clinically as Peck's and Parkinson's is the same, differing only in distribution.—Medical Science, July 25, 1960 as quoted by New Med. Materia.

GENTLE REMINDER

According to our by-laws (V,9), "Attendance of at least 50% of the District meetings is mandatory during each of the first two years of membership in the District Society."

ATTEND
THE
WHITE CAP BALL
NOVEMBER 5

AMENDMENTS TO BY-LAWS

Chapter IV, Section 3:

Proposed amendment would add to the office of Vice-President the designation also of President-Elect. If adopted the section would read as follows:

> The Vice-President shall carry also the designation of President-Elect. He shall in the absence of the President perform all the duties of the President. He shall assist the President in the performance of his duties in such a manner as the President may direct and in so doing shall be considered to represent the President. At the annual meeting of the District Society following the annual meeting at which he was elected, the Vice-President shall assume the office of President. He shall be a member ex officio of all committees except the committee on nominations.

The Massachusetts Medical Society recently voted that each district society elect annually a member of the Committee on Tax-Supported Medical Care, and also that members of and alternates to the Executive Committee of the Council shall be eligible for re-election for another term. Since our own by-laws must not conflict with those of the State Society, the adoption of these amendments to **Chapter V** are mandatory. The revised sections would read as follows:

> Section 2 (e) To the committees of the State Society: A member of the Committee on Public Relations and Legislation, a member and alternate member of the Committee of Nominations, and a member of the Committee on Tax-Supported Medical Care.

> Section 6: Members of and alternates to the Executive Committee of the Council shall serve for three years and be eligible for re-election for another term. The term of office of the alternate shall be concurrent with the term for which the member was elected. Vacancies that occur during the term of office of such member or alternate shall be filled promptly by vote of the Councilors of the District Society, ad interim. (III,5)

The above amendments will be voted on at the next District meeting, October 4, 1960.

Executive Committee

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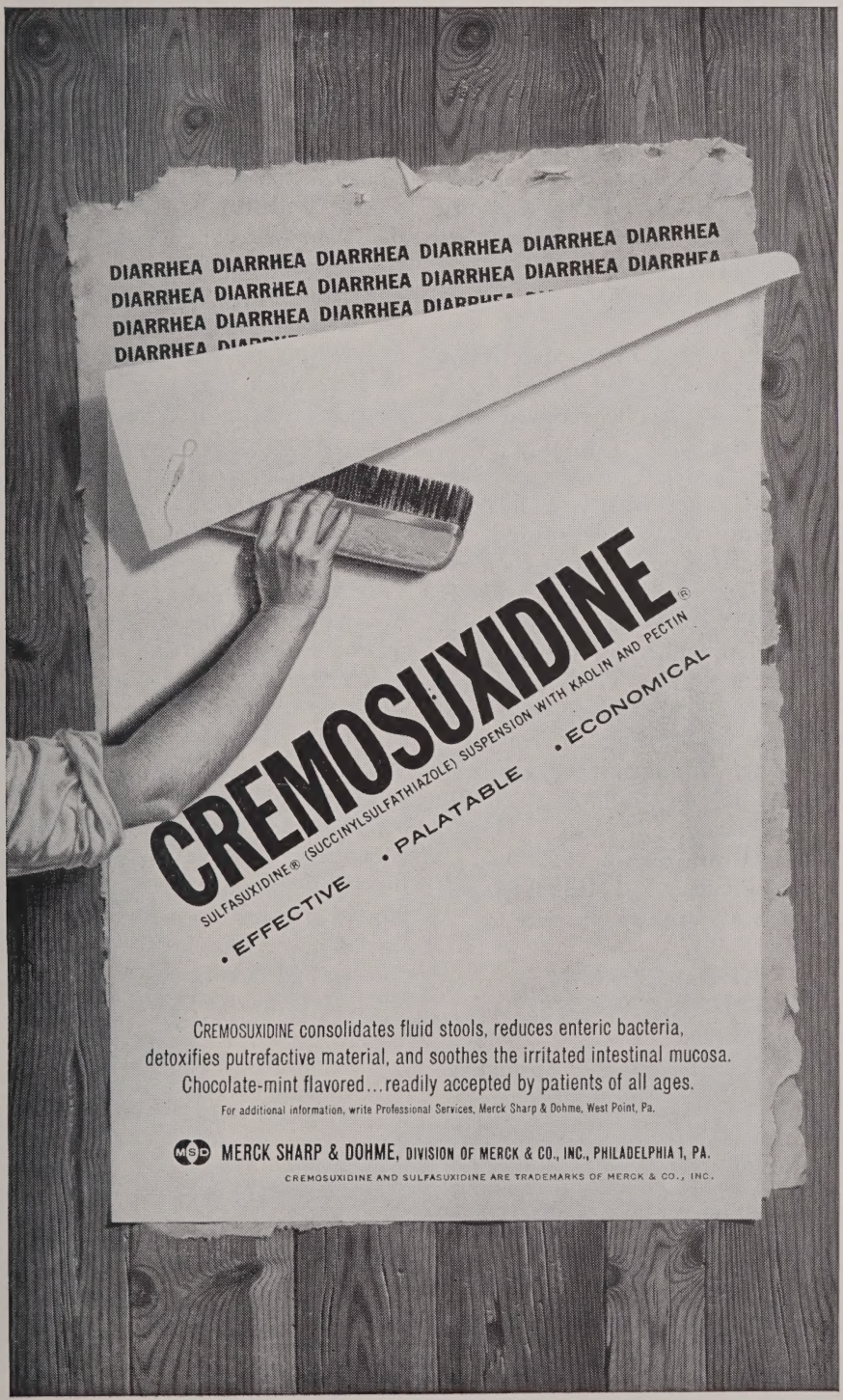
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Underinsured

(Editor's Note: In the June issue of the Hippocrat, Dr. Sol M. Gold, Holyoke, reported that for an obstetrical delivery including pre and post-natal care as well as baby's circumcision, he received insurance payment of $1.55. This was all that was left from a $200.00 allowance for complete maternity coverage, $198.45 of which went to the hospital.)

Dear Hippocrat:

I was interested in the description of our colleague, Doctor Sol M. Gold, of the $1.55 which he received as a maternity fee.

In order to assign the responsibility properly, it should be pointed out that this patient was underinsured, as $200.00 seldom will cover complete maternity cost these days. Evidently the hospital secured assignment which guaranteed precedent in the payment of available funds. This leaves the poor doctor out in the cold unless the patient has personal funds to cover the discrepancy. The insurance company first must pay the creditor which has a signed priority.

Howard B. Brown, M.D.
Vice President and Medical Director
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THE AMERICAN GERIATRIC SOCIETY

Dear Hippocrat:

Four years before the Springfield Municipal Hospital for Chronic Disease came into being, the American Geriatric Society was organized.

The week preceding the annual meeting of the A. M. A. held at Miami in June, the American Geriatric Society met in the same city and continued its efforts toward a better life for the aged and the chronically ill.

In May of this year, 600 representatives with similar goals, met at Boston University for the third time under the aegis of the Governor's Committee for the Aged. Here we heard from Governor Furcolo that our state ranks fourth in the nation in "over 60" population, and that one dollar in six, of the state budget, goes for programs for the aged and infirm.

At Miami, the concentration was on the medical, and not the social side of the problem. With Dr. Frank Glenn of New York in the chair, a comprehensive program of three days ensued. Speakers from all over the world took part. To the dedicated physician this Society's contribution was inspiring. The papers presented are published in the June issue of Society's monthly Journal.

We are told that at the age of 65 we should expect to live an average of 14 more years. This is challenging!

This problem is not one of dramatic or sudden reversals so often seen in other specialties. It is the subject of the long pull requiring patience, perseverance and competence, often unappreciated but always spiritually rewarding. Until the last decade, a much neglected problem for specialization has been with us—geriatrics. We shall be reading and hearing much, much more about it in the months and years ahead of us.

W. A. R. Chapin, M. D.

(Dr. Chapin is the only local physician-member of the Governor's Committee for the Aged. Ed.)

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ACADEMY PROGRAM FOR 1960 - 1961

1960	Speaker	Topic	Clin. Conference
September 13	Lahey Clinic-Panel George O. Bell, M.D., Mod. Herbert D. Adams, M.D. Earl M. Chapman, M.D. William A. Meissner, M.D.	"Treatment of Hyperthyroidism and its Complications"	Mercy Hospital "Management of Nodular Goitar"
October 11	George W. Welsh, M.D. Instructor of Medicine University of Vermont College of Medicine	"Labile Diabetes"	Springfield Hosp.
November 8	James H. Shaw, P.H.D. Assistant Professor of Biological Chemistry Harvard Dental School	"Nutritional Aspects of Oral Health"	Wesson Memorial Hospital
December 13	Richard H. Overholt, M.D. Clinical Professor of Surgery, Tufts Medical School	"The Challenge of Intrathoracic Malignancy"	Mercy Hospital
1961			
January 10	Open		Springfield Hosp.
February 14	Edward D. Freis, M.D. Senior Medical Investigator Veteran's Administration Hosp. Washington, D. C.		Wesson Memorial Hospital
March 14	Harry Swachman, M.D. Associate Professor of Pediatrics, Harvard Med. School	"Inborn Errors of Metabolism"	Mercy Hospital
April 14	Joe V. Meigs, M.D.		Springfield Hosp.
May 9	Annual Meeting and "GRAND ROUNDS" (Sound Movie)		Municipal Hosp.

ACADEMY

Dr. Howard P. Kennedy, President of the Springfield Academy of Medicine, recently announced the following committee for 1960-1961.

Library Committee

Dr. William D. Coen, Chairman, Drs. Malcolm S. Allan, Eugene W. Beauchamp, William A. R. Chapin, Raymond Gelfman, Benjamin L. Gipstein, Leon M. Kruger, John M. Maloney, Irving Mayer, Robert D. O'Malley, Omar T. Pace, Joseph R. Stirlacci and Donald G. Wetherbee.

Membership Committee

Dr. Eugene G. Boss, Jr., Chairman, Drs. Walter W. Byrnes, James D. Fisher and Samuel Hellerman.

Nominating Committee

Dr. Myles H. Illingworth, Chairman, Drs. Theodore R. Miner and Thomas F. [illegible]eilly.

Program Committee

Dr. Frank E. Hurley, Chairman, Drs. William M. Davis, Ralph T. Miller, Walter S. Mozden, Richard J. Maher, Robert D. O'Malley, Lewis W. Whiting, Henry S. M. Uhl and Emanuel Wiedman.

House Committee

Dr. William A. Dorfman, Chairman, Drs. John J. Flahive and Irving H. Steinberg.

Public Relations Committee

Dr. Paul Nathan, Chairman, Drs. Leroy J. Kendrew and Emanuel Wiedman.

Museum Committee

Dr. William A. R. Chapin, Chairman, Drs. George L. Schadt, George B. Corcoran and Malcolm S. Allan.

Insurance Committee

Dr. H. Bernard Tillman, Chairman, Drs. James D. Fisher and John F. Griffin.

Public Health Committee

Dr. Edward F. Caruso, Chairman, Drs. Louis A. Izenstein and John C. Ayres.

Delegates to Health Section of Community Council

Drs. Samuel R. Feldman and Donald G. Wetherbee.

OCTOBER MEETING

At the October 11 meeting of the Springfield Academy of Medicine the speaker will be George W. Welch, III, M. D., Assistant Attending Physician, Mary Fletcher and DeGoesbriand Memorial Hospitals, Burlington, Vermont. His topic will be "The Recognition, Significance and Management of Pre-Diabetes". The Clinical Conference, which will deal with "Labile Diabetes", will be held at the Springfield Hospital, 5:00 P.M.

NEXT DISTRICT MEETING
Tuesday, Oct. 4
(See page 15)

WHO WON?

Wesson Memorial Golf Tournament

At the annual Golf Tournament of The Wesson Memorial Hospital, held on June 17 at the Ludlow Country Club, the following were the winners:

Low Gross: Cavers Memorial Trophy:
Dr. Henry G. Tapp
Runner-up: Dr. William Dale
Low Net: Walter Gunn Silver Tray
Dr. Kenneth McEwen

Mercy-Springfield Hospitals Golf Tournament

At the 26th Annual Mercy-Springfield Hospitals Golf Tournament, held on June 22 at the Longmeadow Country Club, the following were the winners:

Low Gross: Dr. A. C. Rock, Jr.
Runner-up: Dr. Kenneth McEwen
Third Place: Dr. Henry Uhl
Low Net: Dr. Lester Suzor
Runner-up: Dr. James Visconti
Third Place: Dr. A. C. Rock, Sr.
Short Holes: Dr. Harry Roberts

4-Way Hospital Tournament

The Four-Way Hospital Tournament took place Wed. Sept. 7 at Westover golf course.

QUOTES OF THE MONTH

"It is imperative that each of us adhere to the principle of charging reasonable fees for the professional services rendered. It should be obvious to all that if we charge what patients cannot afford, we pave the way for outside intervention and control of medicine."

Dr. Louis M. Orr, retiring president.

"In our best judgement, the live Polio vaccine will not replace the Salk vaccine. There is need for both and they will complement each other."

Surgeon General, U. S. Public Health Service

IT IS INTERESTING TO NOTE

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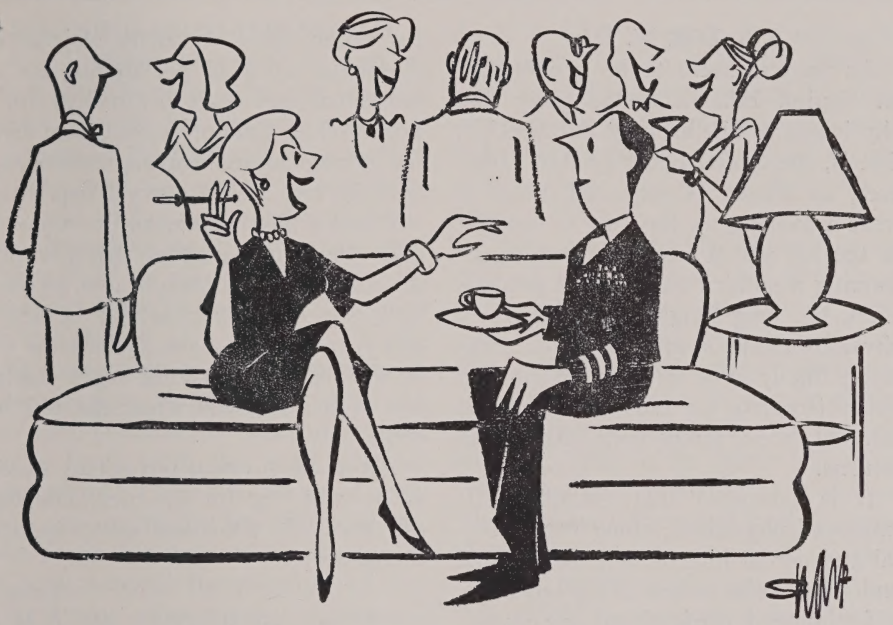

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S. S. FOR M. D.'s

As matters seem to be progressing on Capitol Hill, it seems likely that physicians will be brought into the Act, that is, the Social Security Act. However, as should be expected, there is some wavering as the cup is brought to the lip and a slip may yet occur. Barring a sudden shift in the political wind, the long-fought issue on which physicians have been divided for years seems finally to be settled with the first Social Security tax bills becoming due next April 15, along with income tax returns.

It is estimated that 150,000 self-employed physicians, along with medical and dental interns, will be covered under the same terms as govern other self-employed professional groups; namely, lawyers and dentists. The coverage would be effective for the taxable years ending on or after Dec. 31, 1960, so that presently self-employed physicians would have to pay 4.5 per cent in Social Security taxes on amounts to $4,800 of this year's income. This would be covered in Section C of the regular income tax form.

Benefits for retiring physicians or their survivors would be the same as for other Social Security claimants, maximum of $127 per month for an individual and $254 per month for a family. The amount is computed from the average annual earnings since 1950 with the five lowest years dropped out.

When a physician would become eligible for benefits under the new program is somewhat complicated, particularly for those who are 65 or above this year. However, details of same will be worked out with some sugar coating and well publicized when the bill becomes law.

All in all, prudent physicians should start budgeting for the inevitable date of April 15, 1961 and every quarter thereafter.

Ayres

(As we go to press the A.M.A. news reports that "The Senate Finance Committee tentatively voted to knock out of House-passed social security measures a provision bringing self-employed physicians, medical and dental interns under Social Security System for first time. Vote was 11 to 4. Committee Chairman Harry F. Byrd (D., Va.) said decision was made because A.M.A. had requested the action." Ed.)

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COUNCILORS MEET

The first pre-council meeting of the season was held at the Springfield Hospital on Thursday, September 1, under the chairmanship of Executive Councilor, Dr. Allen Johnson. The next Council meeting of the M.M.S. will be held in Boston, October 5, 1960.

WARNING FROM THE NORTH

As physicians we will do well to watch the medical activities to the North. Canada has already instituted a system of hospitalization supported by taxes, and now one of its provinces has voted in favor of socialized medicine. Incredible as it may sound this happened in an area populated not by unionized labor, as might be expected, but by farmers.

The area, which is the province of Saskatchewan, would correspond to our own Dakotas or Montana. It is prairie farm land, the chief product being wheat. There are no very large cities and practically no industries. In order to market their wheat, the farmers have adopted the principle of the CCF Party (Cooperative Commonwealth Federation) which was founded around 1943. This party won the recent election, the main point of issue being socialized medicine. It is true they polled only 41% of the votes, but many of the other parties in the race also advocated socialized medicine in varying degrees.

This isn't Canada's first venture into tax-supported medical care. Numerous other systems with voluntary participation have been tried in certain areas but most have failed. There is apparently only one in operation now, in the Swift Current Area, and the physicians there are on fee for service basis.

About 48% of Canadians are insured by 38 prepaid medical plans. These are all strictly medical plans; hospitals are covered by direct taxation, and ward service is free. The largest plan is Physicians Service, Inc. which corresponds to our Blue Shield since it, too, does not cover the indigent. Cost of these plans are extremely reasonable by our standards being from $1.15 to $3.00 monthly for single persons and $3.65 to $9.00 for families. Elderly or indigent people in hospitals are paid for by the government at one-half the regular rate, but only for the first 14 days. The rest of their stay is free.

There are about 900 doctors in the area of whom 300 are refugees from socialized-medicine countries in Europe. They had very definite views on the problem, and fought vigorously against it. However, they showed the usual doctor ineptitude for politics, and according to the press lost more votes than they gained by their tactics. They suffered from bad press in spite of a large war chest raised by each member of the profession.

It should be interesting for American Medicine to observe closely the experiment on our northern borders and to benefit from their mistakes.

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SOME RULES TO HELP YOU PREVENT MALPRACTICE CLAIMS

1. Provide your patients with care that meets the standard of good medical practice.
2. Do not criticize the work of other physicians in the presence of the patient.
3. Keep complete medical records.
4. Avoid impulsive remarks to the patient which may be construed as a guarantee of results or an admission of fault.
5. Good patient care requires frequent doses of tact as well as professional competence.
6. Refrain from overoptimistic prognoses.
7. Use consultation if the patient is not doing well or if he or his family show signs of dissatisfaction.
8. Have a clear understanding with the patient on fees before starting treatment.
9. Review the case before using pressure in collecting fees, particularly if there was an unstaisfactory result.
10. Know the statute of limitations which applies in your state to the period during which a patient sue for a malpractice claim.
11. If you wish to terminate a physician-patient relationship, give the patient ample time to find another doctor so that he cannot claim abandonment.
12. Check your equipment frequently for accuracy and safety.
13. Limit your practice to such fields as are within your qualifications.
14. Keep abreast of new developments in your area of medical science and new practice.
15. Assistants and employees should be carefully supervised and duties assigned in accordance with their qualifications and experience.
16. Obtain written consents to operations and autopsies.
17. Do not discuss your malpractice insurance with any patient or his family.
18. Obtain legal counsel if you are called to attend a coroner's inquest as a witness in a case in which you have been in professional attendance.
19. Except in cases of emergency, do not examine a female unless a third person is present.
20. Confirm phone prescriptions in writing.
21. It is hazardous to sterilize any patient except when a positive medical indication exists.
22. Advise your patients of any intended absence from your practice and recommend, or make available, a qualified substitute.
23. Use accepted medical techniques with your patients.
24. Keep inviolate all confidential communications made to you by the patient.
25. When a patient who requires medical attention fails to keep an appointment, or discontinues treatment before he should, state the facts in a letter to him and retain a carbon copy in your files.

From Medicolegal Digest
June 1960

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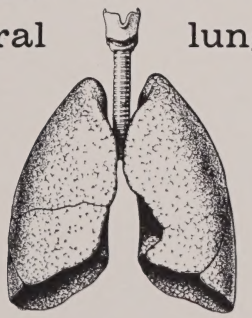

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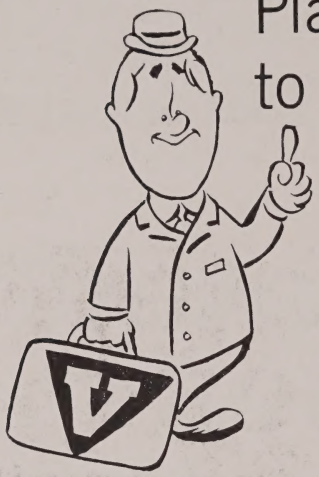

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